



PHOTO RELEASE

I/We give permission for Heather Riley / Taylor ISD CDC

to use photographs of our child(ren)

on the *Taylor ISD CDC website*, The City of Taylor newspaper, the Taylor ISD CDC Facebook page and/or any fliers, brochures, or any other publication relative to Taylor ISD CDC, as well as various other crafts.

We understand that our child's last name will not be used in regards to any photographs or posts.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Provider's Signature _____

Date _____